



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6682

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/961,091	01/14/2002	602	3772	54404US008		
<b>RULE</b>						
<b>APPLICANTS</b> Raymond P. Johnston, Lake Elmo, MN; Matthew T. Scholz, Woodbury, MN; Steven B. Heinecke, New Richmond, WI; Charles A. Hentzen, Woodbury, MN; OK M.B.						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/235,720 01/22/1999 PAT 6,420,622 which is a CIP of 09/099,269 06/18/1998 PAT 6,290,685 which is a CIP of 09/099,565 06/18/1998 PAT 6,080,243 which is a CIP of 09/106,506 06/18/1998 PAT 6,524,488 which is a CIP of 09/100,163 06/18/1998 PAT 6,514,412 which is a CIP of 09/099,632 06/18/1998 PAT 6,907,921 which is a CIP of 09/099,555 06/18/1998 PAT 6,431,695 which is a CIP of 09/099,562 06/18/1998 PAT 6,375,871 which is a CIP of 08/905,481 08/01/1997 ABN * (*)Data provided by applicant is not consistent with PTO records. NONE M.B.						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/23/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL A BROWN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 10 <del>25</del>	<b>INDEPENDENT CLAIMS</b> 3 <del>25</del>
<b>ADDRESS</b> 3M INNOVATIVE PROPERTIES COMPANY PO BOX 33427 ST. PAUL, MN 55133-3427 UNITED STATES						
<b>TITLE</b> Medical article having fluid control film						
<b>FILING FEE RECEIVED</b> 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		